

A man in a dark work shirt with a name tag that says "Lee" is leaning over the open hood of a car, smiling as he works on the engine. The background shows a blurred city street. A red semi-transparent box with white text is overlaid on the lower left of the image.

STEP 6:
EVALUATING YOUR
PROGRAM: IS IT
DOING ANY GOOD

A black and white photograph of a male mechanic, identified by a name tag as 'Lee', smiling as he works on the engine of a car. The car's hood is open, and the engine compartment is visible. The mechanic is wearing a dark-colored short-sleeved shirt. An orange semi-transparent box with a diagonal line pattern is overlaid on the lower part of the image, containing white text.

STEP 6:
EVALUATING MY
PROGRAM: IS IT DOING
ANY GOOD



EVALUATION METHODS

STEP 6: EVALUATING MY PROGRAM, IS IT DOING ANY GOOD?

At the beginning of this resource kit, we listed reasons for having a worksite wellness program. That list included reduced health care costs, increased productivity, decreased absenteeism and improved employee health and morale. In setting up your wellness program, you need to also think about how you are going to evaluate your program. Evaluation will provide you with information to modify your program to better meet your employee needs and to measure whether employee's attitudes, behaviors and health indicators have changed as a result of your program.

Types of Evaluation – Process and Outcome Measures

You can measure process and you can measure outcome (or impact). Both are important and should be used. Process indicators will be easier to measure and will give you quicker feedback on how well your program is being accepted by employees. Examples of process measures are:

- ❖ Number of staff enrolled and participating (participation rates).
- ❖ Web site hits
- ❖ Observation or counts (ex. track number walking at noon)
- ❖ Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)
- ❖ Policy or environmental changes/tracking (compare list of policy or environmental changes from initial site assessment using Worksite Wellness Assessment Checklist with later follow-up at 1 year, 2 years, etc.)

SAMPLE PROCESS OBJECTIVES	2009	2010	Change
Number of staff enrolled and participating (participation rates).	200	220	↑10%
Company wellness web site hits	10,620	22,000	↑ 107%
Observation or counts (ex. track number walking at noon)	60	75	↑ 25%
Participant satisfaction (via survey, focus groups, interviews, stakeholder survey, etc.)	72%	80%	↑ 8%
Policy or environmental changes/tracking (Use Worksite Wellness Assessment Checklist and compare list of policy or environmental changes from initial site assessment with later follow-up at 1 year, 2 years, etc.)	10 in place	15 in place	↑ 50%

Outcome evaluation can be more difficult and takes longer to show up in your data. Examples of outcome measures are:

- ❖ Pre/Post test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign
- ❖ Quizzes
- ❖ Physical activity and diet log sheets
- ❖ Vending items being chosen (arrange with vendor to track selections/sales)
- ❖ Cafeteria menu options
- ❖ Health Indicators / reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, stress or anxiety/depression, etc. before and after a specified program or campaign.
- ❖ Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then set a “baseline” figure to compare against later.

Outcome or impact evaluation needs to clearly identify the marker being addressed and have the baseline data for comparison to determine the impact or outcome. One example would be to compare last year's absentee rate with the rate after the wellness program is in place or compare the absentee rate for employees actively participating in the program with those that are not. This could also be done with health care claims.

SAMPLE OUTCOME OBJECTIVES	2009	2010	Change
Pre/Post test surveys – Can measure changes in attitude, knowledge and current eating, physical activity and mental health status from an initial assessment to completion of a specified program or campaign.	Average score = 65	Average score = 80	↑ 15%
Quizzes – test of knowledge on various topics	78%	85%	↑ 7%
Vending items being chosen (arrange with vendor to track selections)	25% Healthy choice	35% Healthy choice	↑ 10%
Cafeteria menu options	35% Healthy choice	40% Healthy choice	↑ 5%
Health Indicators / reduced risk factors. Comparison of company aggregate screening measures such as blood pressure, cholesterol, body weight, BMI, etc. before and after a specified program or campaign.	BP =140/100 Chol = 225 BMI = 30%	BP = 130/90 Chol = 212 BMI = 29%	↓ BP ↓ 6% ↓ 1%
Corporate costs and return on investment. The expense side, or what it costs to run your wellness program, can be fairly easy to quantify. However, computing savings from reduced health care claims, lost work days or absenteeism may be harder to calculate. Work with your human resources and benefits contacts to determine what can be measured and then set a “baseline” figure to compare against later.	Sick days = 662 Health Care Claims = \$864,000	Sick days = 604 Health Care Claims = \$789,000	↓ 9% ↓ 58 days ↓ 9% ↓ \$75,000

Regardless of what measures you plan to track, you need to identify them when you start your program so you know what you want to collect and report out. For the Wellness Coordinator and Wellness Committee, you may want detailed information on most of the activities or strategies you implement. For management, the list will be much shorter and should include only the key markers that show you're making a difference.

WELLNESS PROGRAM SCORECARD


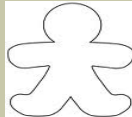

A general breakdown of evaluation measures might include these six key markers:

1. High-Risk To Low-Risk (Employee Risk Factor Status)
2. Healthcare Costs
3. Assessment Checklist
4. Policy and Environmental Changes to Encourage Wellness
5. Participation Rates
6. Participant Satisfaction

Whether you collect all of the “Scorecard” markers or some of them is up to you and what data or information you are able to access and report out. You can also adjust the type of information for each marker to best match your program. The point is you should have some high level markers that can provide a snapshot of your program to management and other interested parties.

1. High-Risk To Low-Risk (Employee Risk Factor Status)

If you collect employee data through a HRA, survey or biometric screening, you can select key criteria and develop a worksite profile that would be an overview of your employee population considered to be at high-risk, moderate-risk, and low-risk. Using the risk factor illustration on page 26 as an example, you could pick some or all of the risk factors that you are able to collect and see what percent of your employee population is in each group annually. This will also assist you with focusing your programming efforts based on key risk factors and will allow you to track the progress of your wellness program in reducing health risks.

Health Risk Measure	Health Risk Criteria	Risk Levels		
Alcohol	More than 14 drinks/week	High (5 or more risk factors)		
Blood Pressure	Systolic >139 or Diastolic >89 mmHg	2009 15%		2010 13% ↓
Body Weight	BMI≥ 27.5			
Cholesterol	Greater than 239 mg/dl			
HDL	Less than 35 mg/dl			
Existing Medical Problem	Heart, Cancer, Diabetes, Stroke	Medium (3-4 risk factors)		
Illness Days	>5 days last year	2009 35%		2010 32% ↓
Life Satisfaction	Partly or not satisfied			
Perception of Health	Fair or poor			
Physical Activity	Less than one time/week	Low (0-2 risk factors)		
Safety Belt Usage	Using safety belt < 100% of time	2009 50%		2010 55% ↑
Smoking	Current smoker			
Stress	High			

2. Healthcare or Workforce Costs

A second section of your Scorecard could be a summary of the healthcare costs your organization is incurring. You may be able to get an annual analysis or your existing medical and pharmaceutical care claims from your healthcare provider or insurer. Your human resources department may also have access to cost indicators such as health care claims, lost work days or absenteeism. Work with your human resources and benefits contacts to determine what can be measured and then set some annual cost indicators to measure.

	2009	2010	Change
Healthcare Insurance: Cost per Employee	\$9,324	\$9,287	-37
Average Healthcare Claims	\$4,330	\$4,368	+ \$38
Average Pharmaceutical Claims	\$1,200	\$1,098	-\$102
Average Sick Days	8.7	6.2	-2.5
Workers Compensation Claims	\$22, 343	\$21, 221	- \$1,122
Other "Cost" Indicators			

3. Assessment Checklist

A third section of your Scorecard could be a summary of your worksite assessment checklist (Appendix C) from one year to the next. How many additional strategies are you using compared to last year.

FULL WORKSITE SCORECARD (Totals for all categories)	Yes	In Process	No
2009	12	4	58
2010	16	10	48
Worksite Total (70)	+4	+6	

4. Policy and Environmental Changes to Encourage Wellness

A fourth section could include any new policy or environmental changes that occurred during the past year. That could be easily pulled out of the assessment checklist totals and listed in the Scorecard.

List of new policy or environmental changes in 2010:

- Bike racks installed
- Flex time for lunch physical activity put in place
- Increased healthy vending options

5. Participation Rates

A fifth section of your Scorecard could present the participation levels as it relates to your company's health promotion initiatives. A simple tracking count for each initiative could be done and a cumulative given at the end of the year. You may want to track all initiatives, or perhaps pick a few key initiatives that are important markers for your program. HRA participation and high profile incentive programs or campaigns might be key rates to track.

	Participation Rates 2009	Participation Rates 2010	Change
Health Risk Assessments	62%	73%	+11
Incentive Program	51%	52%	+1
Campaigns			
• Biggest loser	20%	24%	+4
• Spring walking challenge	35%	43%	+8
• Etc., etc.			
Lunch & Learns			
• Physical Activity	24%	19%	-5
• Nutrition	30%	48%	+18
• Etc., etc.			
Campaign/Presentation Average	27%	34%	+7

6. Participant Satisfaction

A final section of your Scorecard could communicate the percentage of employees who are very satisfied and/or satisfied with your company's wellness program offerings. Similar to participation rates, a simple tracking count for each initiative could be done and a cumulative given at the end of the year. As an example, asking for a satisfaction rating on a 1-5 option scale [Not all satisfied (1) → Very Satisfied (5)], you could use the percentage that answer satisfied (4) or very satisfied (5) as "positive" responses.

	1	2	3	4	5	Positive Rating
Campaigns						
• Biggest loser	2	10	20	38	30	68%
• Spring walking challenge	1	10	15	36	38	74%
• Etc., etc.						
Lunch & Learns						
• Physical Activity	10	12	24	38	16	54%
• Nutrition	5	10	45	32	8	40%
• Etc., etc.						
Campaign/Presentation Average						59%

SCORECARD SAMPLE

A total summary Scorecard could be completed using the information above and might look something like this:

ACME Insurance Co. Wellness Scorecard

	2009	2010	Change	Goal	Achieved
1. High Risk to Low Risk Status					
High	15%	13%	-2	<15%	✓
Medium	35%	32%	-3	<35%	✓
Low	50%	55%	+5	>50%	✓
2. Healthcare Costs	9324	9287	-37	-100	O
3. Assessment Checklist	16	26	+10	21	✓
4. New Policy & Environmental Changes	-	3	+3	+3	✓
5. Participation Rates					
Health Risk Assessments	62%	73%	+11	65%	✓
Incentive Program	51%	52%	+1	65%	O
Campaign/Presentation Totals	27%	34%	+7	33%	✓
6. Participant Satisfaction		59%		67%	O

The above examples are an illustration of some of the ways you can evaluate your wellness program and then present it in a simple report to key stakeholder groups, including management. You should adapt

these examples to reflect the types of data and available resources you have at your worksite. The key thing to keep in mind is to consider what you want to report out as you design your program so you have a mechanism to collect evaluation results from the beginning.

Resource:

For additional information on a similar topic, read this article by WELCOA that describes how to put together a Data Dashboard (an easy way of displaying the results/data of a wellness program) by David Hunnicutt, PhD http://www.welcoa.org/contentdelivery/pdf/data_dashboard.pdf

